

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. SHARON THOMAS

Mailing Address 9706 BURNETT DRIVE

City	State	Zip Code
CHESTERFIELD	VA	23832

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SB28A_27474471

Amount of Each Disbursement this Period

5.00

Refund of contribution, initially earmarked for END
CITIZENS UNITED PAC (C00573261)

Full Name (Last, First, Middle Initial)

B. SHARON THOMAS

Mailing Address 9706 BURNETT DRIVE

City	State	Zip Code
CHESTERFIELD	VA	23832

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SB28A_28267901

Amount of Each Disbursement this Period

5.00

Refund of contribution, initially earmarked for END
CITIZENS UNITED PAC (C00573261)

Full Name (Last, First, Middle Initial)

C. CHARLES THOMPSON

Mailing Address 10499 SW WEST PARK AVENUE

City	State	Zip Code
PORT ST. LUCIE	FL	34987

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

Transaction ID : SB28A_28020577

Amount of Each Disbursement this Period

50.00

Refund of contribution, initially earmarked for
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE
(C00458000)

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

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